A Guide for
Level III and IV Trauma Centers

Developing a TPOPPC Program

Trauma Program
Operational Process
Performance Committee

Idaho Time Sensitive Emergency Program

Trauma Program Operational Process Performance Committee

A Trauma Program Operational Process Performance Committee (TPOPPC) is an essential component of any trauma program. It addresses, assesses, and corrects global trauma program and system issues. The committee must be multidisciplinary, and consist of hospital and medical staff members. The TPOPPC handles process, includes program-related services, meets regularly, takes attendance, has minutes, and works to correct overall program deficiencies to continue to optimize patient care.

The primary goal of the TPOPPC is to review efficacy, efficiency and safety of the care provided in the trauma center. There should be a representative from each discipline that participates in trauma care (i.e. radiology, emergency medicine, laboratory, ICU, operating room, pre-hospital), and that representative should be empowered to make operational changes. A nurse manager would be more appropriate than a floor nurse, and the laboratory manager would be more appropriate than a med tech.

PERFORMANCE IMPROVEMENT AND PATIENT SAFETY (PIPS) = PATIENT-FOCUSED

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TPOPPC =

PROCESS-FOCUSED

TPOPPC Member Roles

Trauma Medical Director

- Identifies issues
- Follows up with provider-related issues
- Refers cases that have potential privileges or credentialing issues to the hospital executive committee

Trauma Program Manager

- Prepares materials
- Presents issues identified by PIPS
- Provides data on admissions, response times, attendance
- Takes minutes
- Documents results

Multidisciplinary Liaisons

- Reviews cases as requested
- Communicates issues and changes to their associates

Additional Considerations

- The TPOPPC has the potential to integrate into other hospital committees and, in smaller facilities, may be combined with PIPS. If TPOPPC is combined with PIPS, it is important that administrative staff leave during the PIPS portion of the meeting so that clinical personnel may discuss cases freely.
- The frequency of the TPOPPC meeting should be based on the needs of the trauma system, but meet no less than quarterly.
- The TPOPPC should be collaborative.
- The TPOPPC should identify opportunities to implement evidence-based guidelines.
- The TPOPPC should identify the need to change or create a policy or procedure.

CLOSING THE LOOP

Loop closure is essential. The cycle of monitoring, identifying, fixing, and re-evaluation does not end. Loop closure should be integrated throughout the institution, and should be reported to the facility's QI program.

OUTCOMES

Each issue identified should be evaluated, possible solutions should be identified, a collaborative decision should be made, changes should be implemented, and then the issue should be re-evaluated.

Some examples of TPOPPC outcomes are:

- New paging system improves response times;
- Additional in house hours for CT technicians improves door to CT times;
- Delay to OR at night prompts in-house staffing for OR and anesthesia; or
- Improved DVT prophylaxis after development of an order set.